

## SUPERVISOR'S REPORT OF REASONABLE SUSPICION

Employee Name: \_\_\_\_\_ Classification: \_\_\_\_\_  
Department: \_\_\_\_\_ Agency: \_\_\_\_\_  
Date of Observation: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm  
Location: \_\_\_\_\_ Employee in test-designated position? ☐ Yes ☐ No

### **OBSERVATIONS:**

Check **ALL** that apply:

#### **BEHAVIOR**

- ☐ stumbling, unsteady gait
- ☐ drowsy, sleepy, lethargic
- ☐ agitated, anxious, restless
- ☐ hostile, belligerent
- ☐ irritable, moody
- ☐ depressed, withdrawn
- ☐ unresponsive, distracted
- ☐ clumsy, uncoordinated
- ☐ tremors, shakes
- ☐ flu-like illness complaints
- ☐ suspicious, paranoid
- ☐ hyperactive, fidgety
- ☐ inappropriate, uninhibited behavior
- ☐ possessing, dispensing, or using controlled substance or alcohol

#### **APPEARANCE**

- ☐ flushed complexion
- ☐ excessive sweating
- ☐ cold, clammy sweats
- ☐ eyes:
  - ☐ bloodshot
  - ☐ tearing, watery
  - ☐ dilated (large) pupils
  - ☐ constricted (pinpoint) pupils
  - ☐ unfocused, blank stare
- ☐ unkempt grooming
- ☐ disheveled clothing

#### **SPEECH**

- ☐ slurred, thick
- ☐ incoherent
- ☐ exaggerated enunciation
- ☐ loud, boisterous
- ☐ rapid, pressured
- ☐ excessively talkative
- ☐ nonsensical, silly
- ☐ cursing, verbal abusiveness
- ☐ inappropriate verbal response to questions or instructions

#### **BODY ODORS**

- ☐ alcohol
- ☐ marijuana

**SUMMARY** (circumstances, employee response, supervisor actions, other observations): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The observations, as documented above, were made of the named employee.

_____ <b>Supervisor Name (printed or typed)</b>	_____ <b>Signature</b>	_____ <b>Date</b>
Additional Witness: (optional)		
_____ Witness Name (printed or typed)	_____ Signature	_____ Date

Contacted DATC/DER \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_.  
(name) (date) (time)

#### **DATC/DER Test Determination:**

- ☐ Reasonable Suspicion Alcohol Breath Test
- ☐ Reasonable Suspicion Drug Urine Test
- ☐ No Test Required

Employee transported to collection site by: \_\_\_\_\_  
Time transported \_\_\_\_\_ am/pm Collection Site: \_\_\_\_\_